County of Nassau						
Employee Mileage Allowance						
Name:		Employee ID#:		Home Address:		
	Departed From	Travelled To	Total Miles	LESS: Miles	Total Miles to be	
Data			Travelled	between Home and Work	Reimbursed	
Date	(Complete Address)	(Complete Address)				
				Mileage Subtotal		
If additional sheets attached check left box &						
enter Total Miles from those sheets here>						
Total Mileage Claimed EMPLOYEE CERTIFICATION						
I HEREBY CERTIFY THAT the information included herein is accurate and the use of my private vehicle was in						
connection with County business. The mileage claimed was computed in accordance the instructions on the						
reverse of this certificate and supported by proper documentation.						
Agenc	oyee Signature: :y:	Title: Date:				
SUPERVISOR CERTIFICATION						
I HEREBY CERTIFY THAT the mileage included herein was authorized as necessary for County business. To						
the best of my knowledge and belief the mileage reimbursement request is accurate						
Supervisor Signature: Title: Agency: Date:						
Departmental Personnel Office Review NIFS CODES						
	d Commuter Mileage	Payroll (A or C)	Mileage Claim	Date	DEPT	
<u>Deduct</u>	ion				<u>RC</u>	
Replaces	Replaces CO-333 Rev 12-08 X-86					